

By: Kathleen Scheinberg
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Attorney Docket No.: F064



16. If a Continuing Application: (check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part ☐ of prior application No.: _____

Prior application Information: Examiner _____

Group/Art Unit _____

Correspondence Address:

☒ Customer Number or Bar Code Label: _____

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FILLING FEE CALCULATION FORM

Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$355	_____ x \$40 = _____	_____ x \$9 = _____	_____ x \$135 = _____	
Other	\$710	<u>3</u> x \$80 = <u>\$240</u>	<u>10</u> x \$18 = <u>\$180</u>	_____ x \$270 = _____	\$1220

_____ Check enclosed in the amount of _____ for the filing fee.

☒ Check enclosed in the amount of \$40.00 for the Assignment Recordation Fee, Fee code 581

_____ Please charge my Deposit Account No. _____ in the total amount of the filing fee and the assignment recording fee, if any, under order no. _____

_____ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____, under order no. _____.

_____ Any additional filing fees required under 37 CFR 1.16

_____ Any patent application processing fees under 37 CFR 1.17

Date: 19 January 2001

Respectfully submitted,

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